

CALIFORNIA BOARD OF ACCOUNTANCY

2000 EVERGREEN STREET, SUITE 250 SACRAMENTO, CA 95815-3832 TELEPHONE: (916) 263-3680 FACSIMILE: (916) 263-3675 WEB ADDRESS: http://www.dca.ca.gov/cba



Live Scan Services (For California Residents Only) Form OSP 01 61351

Purpose: To conduct a criminal history record check with the Department of

Justice (DOJ) and the Federal Bureau of Investigation (FBI).

Applicability: Type A, B, C, D and E applicants **residing in California** (see reverse.)

Who Completes: Applicant completes only Section II of the form.

Required Action: Contact a Live Scan service for hours of operation, fees, appointment

times, and acceptable methods of payment. Most law enforcement agencies will provide the Live Scan service. For the most current listing of Applicant Live Scan service locations visit the DOJ Web site at

http://ag.ca.gov.

Submit To: Upon completion of the Live Scan process, the second copy of the

Request for Live Scan Service form must be mailed to the:

California Board of Accountancy 2000 Evergreen Street, Suite 250 Sacramento, California 95815-3832

Authority: Business and Professions Code Section 144.

Comments An application for licensure will not be considered complete until your

criminal history record has cleared both the DOJ and the FBI.

TYPES OF LICENSURE APPLICANTS

Type A	An applicant who passed the Uniform CPA Exam in California and is applying for licensure as a CPA in California for the first time.
Type B	An applicant who passed the Uniform CPA Exam in a state other than California and <u>has not been issued a valid license to practice</u> <u>public accounting in any state and is applying for licensure as a CPA in California for the first time</u> .
Type C	An applicant who passed the Uniform CPA Exam in a state other than California and was issued a valid license to practice public accounting in a state other than California.
Type D	An applicant who previously was licensed as a CPA in California and the <u>certificate was cancelled after five years</u> for nonpayment of license renewal fees.
Type E	An applicant who passed the Canadian Chartered Accountant Uniform Certified Public Accountant Qualification Examination (CAQEX) of the American Institute of Certified Public Accountants (AICPA) or the International Uniform Certified Public Accountant Qualification Examination (IQEX) of the AICPA and the National Association of State Boards of Accountancy (NASBA).
Type F	A California licensee originally issued a license to perform general accounting services who has now completed attest experience.



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APPLICANT LIVE SCAN INSTRUCTIONS

Pursuant to Section 144 of the California Business & Professions Code, applicants applying for a California Certified Public Accountant license are required to furnish their fingerprints for purposes of conducting criminal history record checks with the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

The California Department of Justice has implemented Applicant Live Scan, a system for the electronic submission of fingerprints and the subsequent automated background check. Applicant Live Scan replaces the process of recording an individual's fingerprints using ink and a standard 8" x 8" fingerprint card.

Applicants unable to utilize California's Applicant Live Scan system must submit the two fingerprint cards enclosed in this packet. Refer to enclosed instructions for completion of the fingerprint cards.

INSTRUCTIONS FOR COMPLETING "REQUEST FOR LIVE SCAN SERVICE" FORM (BCII 8016)

You must **complete only Section II** of the enclosed Request for Live Scan Service Applicant Submission form. The form must be taken to an Applicant Live Scan service. Most law enforcement agencies (i.e., Sheriff's Police Department) will provide the Live Scan service. You may view the most current listing of Applicant Live Scan service locations at the DOJ Web site at **http://ag.ca.gov.** Not all locations listed on the DOJ Web site provide this service for applicants.

You should call the Live Scan service for their hours of operation, fees, appointment times and acceptable method of payment. All fees including the DOJ and the FBI fingerprint clearance fees must be paid directly to the Live Scan service.

You are encouraged to complete the Live Scan process prior to licensure.

INSTRUCTIONS FOR COMPLETING SECTION II OF THE REQUEST FOR LIVE SCAN SERVICE FORM

Name of Applicant Indicate your first name, last name and middle initial.

AKA's Indicate other names previously known as (i.e., maiden name)

CDL No Indicate your driver's license number.

DOB Indicate your date of birth.
SEX Check appropriate box.

Misc No. BIL Leave blank.

HT Indicate your height.
WT Indicate your weight.

Misc. No. Indicate your phone number.

EYE Color Indicate eye color. HAIR Color Indicate hair color.

Home Address Indicate your mailing address.

POB Indicate the state or country of birth.
SOC Indicate your social security number.

Your application for licensure will not be considered complete until your criminal history record check is completed and all other required documentation is received.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

SECTION I						
ORI: Type of Application:			LICENSE			
Code Assigned by DC						
Job Title or Type of Licen	se, Certification	or Permit:	CERTIFIE	CERTIFIED PUBLIC ACCOUNTANT		
Agency Address Set Contributing Agency:						
CALIFORNIA BOAR	D OF ACCOUN	NTANCY		01482		
Agency authorized to receive	criminal history in	formation	Mail Code (five digit code assigned by DOJ)			
2000 EVERGREEN		E 250	DOTTIE HAYS			
Street No. Street	t or PO Box		Contract Name (Mandatory for all school submissions)			
SACRAMENTO	CA	95815	(916) 561-17	(916) 561-1744		
City	State	Zip Code	Contact Telephon	Contact Telephone No.		
SECTION II						
Name of Applicant:						
(please print)	Last	First	MI			
Alias: Last	First		Driver's License No.			
Eddi	1 1100					
Date of Birth:	Sex: □]Male □Female	Misc. No. BIL -	APPLICANT MUST PAY		
				Agency Billing Number		
Height:	Weight	·· ··	Misc. No.:			
Eye Color:	Hair Co	olor:	Home Address:			
			9	Street or PO Box		
Place of Birth:						
SOC:			City, State and Zip Code			
SECTION III						
Your Number:	Aganay Idantifying	No.	Level of Service	Level of Service DOJ SFBI		
OCA No. (Agency Identifying No.)						
 If resubmission, list Original ATI No.						
in recommission, liet origin						
Employer: (Additional response for agencies specified by statute)						
Employer Name						
Street No. Street or PO Box			Mail Code (five digit code assigned by DOJ)			
City State		Zip Code	Agency Telephone No.	(optional)		
,				,		
Live Scan Transaction Completed By:			г	Date:		
Live Gean Transaction Co	mpicieu by	Name of Operator				
Transmitting Agency ATI No. Amount Collected/Billed						